

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN  
APPLICATION DATA SHEET (37 CFR 1.76)**

**Title of Invention** SPECTRAL ANALYSIS OF LIGHT SCATTERED FROM CLOTTING BLOOD

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☒ The attached application, or  
☐ Application No. \_\_\_\_\_, filed on \_\_\_\_\_,  
☐ as amended on \_\_\_\_\_ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

**FULL NAME OF INVENTOR(S)**

Inventor one: FRANK A. GRECO

Signature: Frank A. Greco Citizen of: USA

Inventor two: \_\_\_\_\_

Signature: \_\_\_\_\_ Citizen of: \_\_\_\_\_

Inventor three: \_\_\_\_\_

Signature: \_\_\_\_\_ Citizen of: \_\_\_\_\_

Inventor four: \_\_\_\_\_

Signature: \_\_\_\_\_ Citizen of: \_\_\_\_\_

☐ Additional inventors or a legal representative are being named on \_\_\_\_\_ additional form(s) attached hereto.

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**DECLARATION — Utility or Design Patent Application**

|   |                                    |   |                           |
|---|------------------------------------|---|---------------------------|
| Direct all correspondence to: <input type="checkbox"/> Customer Number: <input style="width: 100px;" type="text"/>  |                                    | <b>OR</b> <input checked="" type="checkbox"/> Correspondence address below    |                           |
| Name<br><b>FRANK A. GRECO, MD, PhD</b>  |                                    |   |                           |
| Address<br><b>250 GROVE STREET</b>  |                                    |   |                           |
| City<br><b>LEXINGTON</b>  |                                    | State<br><b>MA</b>  | ZIP<br><b>02420-1014</b>  |
| Country<br><b>USA</b>   | Telephone<br><b>(781) 860-9161</b> | Fax<br><b>(781) 860-9161</b>  |                           |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |                                    |   |                           |
| NAME OF SOLE OR FIRST INVENTOR:   |                                    | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                           |
| Given Name<br>(first and middle [if any]) <b>FRANK ANTHONY</b>  |                                    | Family Name<br>or Surname <b>GRECO</b>  |                           |
| Inventor's Signature<br><i>Frank Anthony Greco</i>  |                                    |   | Date<br><b>11/3/03</b>    |
| Residence: City<br><b>LEXINGTON</b>   | State<br><b>MA</b>                 | Country<br><b>USA</b>   | Citizenship<br><b>USA</b> |
| Mailing Address<br><b>250 GROVE STREET</b>  |                                    |   |                           |
| City<br><b>LEXINGTON</b>  | State<br><b>MA</b>                 | ZIP<br><b>02420-1014</b>  | Country<br><b>USA</b>     |
| NAME OF SECOND INVENTOR:  |                                    | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                           |
| Given Name<br>(first and middle [if any])   |                                    | Family Name<br>or Surname   |                           |
| Inventor's Signature  |                                    |   | Date                      |
| Residence: City   | State                              | Country   | Citizenship               |
| Mailing Address   |                                    |   |                           |
| City  | State                              | ZIP   | Country                   |
| <input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.  |                                    |   |                           |